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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/816,641	
	Filing Date	March 22, 2001	
	First Named Inventor	Daniel Jacobs et al.	
	Art Unit	3743	
	Examiner Name	Kathryn P. Odland	
Total Number of Pages in This Submission	19	Attorney Docket Number	2502000-991130

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer (3 Disclaimers)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 07-1896. A duplicate copy of this sheet is enclosed.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Gray Cary Ware & Freidenrich LLP		
Signature	[Signature]		
Printed name	Alan A. Limbach		
Date	October 20, 2004	Reg. No.	39,749

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Typed or printed name	Kathleen LaBrie	Date	October 20, 2004

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Complete If Known

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☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$165)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																					
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SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Alan A. Limbach	Registration No. (Attorney/Agent)	39,749
Signature		Telephone	650-833-2433
		Date	October 20, 2004

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